

EMS CONTINUING EDUCATION PROVIDER APPLICATION CHECK LIST

CE Provider Name: _____

Application

- ☐ Program Completion Record
- ☐ CE Roster
- ☐ CE Calendar/Course Flyers
- ☐ Annual CE Summary

Program Director

Name: _____

- ☐ Program Director Fact Sheet
- ☐ Curriculum Vitae
- ☐ Copies of Applicable Licenses Type: MD, RN, EMT-P, EMT-II
- ☐ Copies of Applicable Certifications Type: ACLS, BLS, TNCC, BTLS, ATLS, PALS, MICN,
Other _____
- ☐ Proof of Educational Requirement Type: _____
- ☐ Attended EMS Orientation ☐ Yes ☐ No Date: ____/____/____
- ☐ Meets Requirements ☐ Yes ☐ No

Clinical Director

Name: _____

- ☐ Clinical Director Fact Sheet
- ☐ Curriculum Vitae
- ☐ Copies of Applicable Licenses Type: MD, RN, EMT-P, EMT-II, PA
- ☐ Copies of Applicable Certifications Type: ACLS, BLS, TNCC, BTLS, ATLS, PALS, MICN,
Other _____
- ☐ Meets Requirements ☐ Yes ☐ No

Sample Course (self-developed)

- | | |
|--|---|
| <input type="checkbox"/> Course Title (Focus if FCA) | <input type="checkbox"/> References |
| <input type="checkbox"/> Course Description | <input type="checkbox"/> Student Handouts |
| <input type="checkbox"/> Materials/equipment needed | <input type="checkbox"/> Skill Sheets – If pertinent |
| <input type="checkbox"/> Continuing Education Hours Awarded | <input type="checkbox"/> Performance Evaluation – with answer key
and passing criteria |
| <input type="checkbox"/> Behavioral Objectives | <input type="checkbox"/> Course and Instructor Evaluation |
| <input type="checkbox"/> Instructor outline and lesson
(PowerPoint – if applicable) | |

QI Program with Relationship to Education

- ☐ Needs Assessment
- ☐ Education QI Plan

Office of Program Approvals Use Only

- ☐ Application Received: ____/____/____
- ☐ Application Complete: ____/____/____ ☐ Approved ☐ Denied By: _____
- ☐ Meets Minimum Yearly CE Hours ☐ Yes ☐ No ☐ Exempt
- ☐ Keeps EMS Informed of Program Changes ☐ Yes ☐ No
- ☐ Approval/Denial Letter Sent Date: ____/____/____ By: _____
- ☐ Period of Approval: ____/____/____ to ____/____/____ ☐ EMS CEP# 19-_____
- ☐ Entered in Data File: ____/____/____ By: _____

Signature: _____